



# Hope for Recovery, Recovery of Hope

## Part 3: Ways of Listening (Assessment)

Rebecca Hatton, PsyD  
Ann Arbor, MI  
DrRebeccaHatton.com

---

---

---

---

---

---

---

---

---

---

How we explain a problem has a great impact on how we respond to it

*How would it change your relationships with people going through psychosis to see all behavior as meaningful?*

What happens when we look at mental distress as a “necessary, developmental, initiatory, transformative . . . symbolic, purposeful, natural process” rather than a disease?

*Michael Cornwall, PhD*

---

---

---

---

---

---

---

---

---

---

### Changing our narrative

Parallel processes

Anti-psychiatry?

Meds are not the enemy

---

---

---

---

---

---

---

---

---

---

### Changing a difficult narrative

Weaving life experience into a meaningful story that enables person to move forward

Identify core issues jealous woman; man who disconnects from kids

Identify factors that may cause problems or keep them going now

Social and cultural factors: extreme income inequality can double a nation’s rate of mental “illness” state hosp census; Andy (Wilkinson & Pickett, 2009)

---

---

---

---

---

---

---

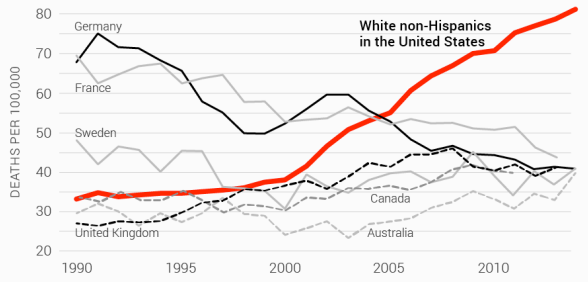
---

---

---

## Midlife mortality from "deaths of despair" across countries

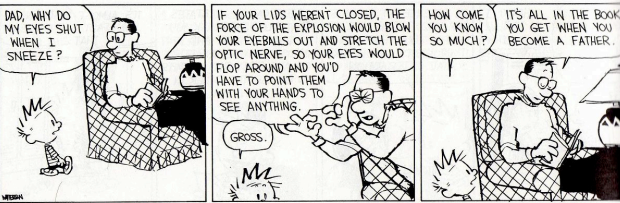
Men and women ages 50-54, deaths by drugs, alcohol, and suicide



Source: "Mortality and morbidity in the 21st century" by Anne Case and Angus Deaton, Brookings Papers on Economic Activity, Spring 2017.

**B** Economic Studies  
at BROOKINGS

## We need a theory, an explanation, a story



Some explanations we come up with are very injurious to the self - and inaccurate

## Changing the narrative

"Radical collaboration": acceptance, equality, valuing  
(Paul Chadwick, 2006)

Tentative: "I wonder if . . . Maybe . . ."

Radical empathy - along with support

What does it mean to the **other person** to have this conversation right now?

Rorschach man with younger sibling

## Reminders

An explanation is just one version, one story - it can always be revised

Other people's recovery is not your responsibility

There is learning even when progress is not obvious

Priorities:  
physical and psychological **safety**  
person's **distress** and **goals**

Be yourself and be fully with the other person

10 elements of a well-rounded story  
(covered in the full Maastricht)

1. Current problems
2. Situations that increase or decrease problems
3. What has been tried - were the results positive, negative, or indifferent
4. Events surrounding earlier crisis periods
5. Life history, especially relationships and difficult events

---

---

---

---

---

---

---

---

---

---

10 elements of a well-rounded story

6. Coping skills and strengths
7. Support network
8. Possible connections between past and present
9. Possible meanings of unusual experiences, beliefs, and behaviors
10. Direction for the future

---

---

---

---

---

---

---

---

---

---

Some of the benefits for clients:

- Feeling heard and understood
- Feeling on the same page with the team - not just a diagnosis, oddity, or burden
- Seeing my life story in a more compassionate light
- Normalizing difficulties that have been confusing
- Finding meaning, hope, and new ideas
- Developing a greater sense of agency**

---

---

---

---

---

---

---

---

---

---

Potential benefits for the team:

- Developing your own voice
- Working out conflicts
- Feeling supported by your team
- Finding ways to deal with strong reactions - containment
- Gaining insight into yourself and others
- Being more consistent with clients
- Increasing your own morale and hope

---

---

---

---

---

---

---

---

---

---

## Life story is replacing diagnosis in some places

“ . . . best practice psychological formulations . . . are not [based] on psychiatric diagnosis. Rather, the experiences that may have led to a psychiatric diagnosis (low mood, unusual beliefs, etc.) are themselves formulated. If this is carried out successfully, the addition of a psychiatric diagnosis becomes redundant.”

*British Psychological Society, 2011, p. 17*

## Life story is replacing diagnosis in some places

“[Formulation] . . . is not a neutral, impartial, non-political statement of fact based on evidence . . . Rather, it is a story told to meet specific needs . . .

“there may be resistance . . . to a formulation which re-frames a problem as a family conflict or a trauma reaction, rather than as an illness to be diagnosed and treated.” MFP

*British Psychological Society, 2011, p. 19*

## Maastricht Interviews

### *Maastricht Voice Interview*

<http://www.hearingvoices.org.nz/attachments/article/59/>

[Maastricht Interview for voice hearers.pdf](#)

### *Maastricht Interview for a Person*

#### *Who Experiences Paranoia*

<http://www.stichtingweerklink.nl/wp-content/uploads/2016/02/Maastricht-Interview-with-a-person-who-experiences-paranoia-english.pdf>

## Full training in Maastricht interviews:

3-day trainings for each Interview offered through the Western Massachusetts Recovery Learning Center, Holyoke, Massachusetts

[westernmassrlc.org](http://westernmassrlc.org)

## Maastricht Interviews

One way to put together a healing story

Structured guide for listening

Understanding is found together, not imposed by the listener

---

---

---

---

---

---

---

---

## Maastricht Voice Interview

Created in collaboration with people who have experience of psychosis

Explores links between life events and distressing voices:

- ✓ Who or what might the voices represent
- ✓ What problems may be embodied by the voices

---

---

---

---

---

---

---

---

## Maastricht Interviews

No need to disagree, clarify, or explain someone to themselves

Trauma, anger, helplessness, and confusion may come up

There is always the possibility of vicarious traumatization

Can you perceive great strength?

This can be emotional and tiring for you

---

---

---

---

---

---

---

---

## Peter Bullimore, Sheffield, UK

Founder, Asylum Associates and National Paranoia Network  
Co-Author, *Maastricht Interview for Paranoia*

About voice-hearing:

"It's non-disclosure of trauma that's the problem. If you don't talk about it, the brain will start to talk to itself about it." why why why?



It's a privilege to be told someone's story. If you have earned someone's trust, don't squander it. Meet the needs expressed.

---

---

---

---

---

---

---

---

Pete Bullimore  
The Power of the Narrative (2014)

Pete's background

<https://www.youtube.com/watch?v=5DBXm0eanjA>

Notes:

---

---

---

---

---

---

---

---

---

---

Pete Bullimore  
The Power of the Narrative

"My voices have no identity. They're demonic".  
"Pete, address the demons of your past".

"These voices are talking about things in my life that I have not dealt with. The voices were always talking about the abuse."

"You know that can of worms, you never open it? That's absolute shite, you have got to open it".

"Voices are emotions that become overwhelming".

---

---

---

---

---

---

---

---

---

---

Peter Bullimore on using  
Maastricht Interviews:

Don't do the Maastricht on Friday afternoon. Don't leave person alone with trauma. They may have told others and nothing was done. Get outside support.

Trauma creates cognitive fog:

- If you can't see what's going on you can't think - or call out the abuser
- But then parts of you can't grow up

To say "it's just in your head" or "it's not real" doesn't help, it hurts

---

---

---

---

---

---

---

---

---

---

Peter Bullimore  
Good reasons people fear telling their story:

- shame
- self blame
- others will agree with my inner critic
- fear of rejection "guarded"
- fear you will not be interested
- listener is past caring
- disbelief
- minimizing overwhelm - numbness; Dr Fried
- being judged
- discredited
- stigmatized
- people will use the information against me gossip
- fear of revealing failures

---

---

---

---

---

---

---

---

---

---

'Symptoms' conceal, from ourselves and others (ancient Freudian idea)

Being irritating, confusing, or boring throws people off every time

'Symptoms' transform reality to make it feel more safe:

- ✓ A woman complains of being poisoned, not that she has a steady "diet" of abuse from voices and partner
- ✓ Nurse gives kind, practical advice. The person's voices get worse and say 'Don't listen to her'.  
At 11, his father broke down, never recovered.  
He equates needing advice with breaking down.

Peter Bullimore

We're not entitled to get our questions answered.  
"You've got to earn the right".

"Never neglect neglect": abuse implies interest.  
Neglect says no one cares about me at all.

What makes you feel safe?  
What helps you reveal vulnerability?

The construct

Sample formulation (from British Psychological Society)

Full Maastricht formulation is called the "construct"

Practice Maastricht Interview

Practice writing a formulation

debriefing

How did it feel to ask the questions?

What feelings did the answers raise?